



Incident Report

Print Date/Time: 04/20/2016 15:04

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00006848

Incident Date/Time: 4/11/2016 6:24:00 PM
Location: SR 204 / LUNDEEN PKWY
LAKE STEVENS WA 98258
Phone Number: (425) 754-8043
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19N1	SS0072-Aukerman
19N2	SS0132-Kilroy
19N3	SS0130-Rutherford
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	COLE, MELANIE					
2	Reporting Party	JOHNSON, ERIC		(425) 754-8043			
3	Reporting Party	CARMICHAEL, DOMINIQUE L					12/15/1996
4	Reporting Party	RINK, RANDOLPH A					05/02/1990

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						C20427F	
Involved Vehicle						DP15621	

Disposition(s)

Disposition	Count
S	1
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

04/11/2016 : 18:42:58 sp0195 Narrative: EMILY LAWSON 509.415.9322 IS NEW RP REQUESTING PD ENSURE PEDESTRIANS USE CROSSWALK

04/11/2016 : 18:42:27 sp0195 Narrative: NEW RP CALLING REQ PD ENSURE PEOPLE DON'T DART IFO TRAFFIC

04/11/2016 : 18:38:39 SP0411 Narrative: SIGNAL LIGHT W/CRACKED FOUNDATION BELONGS TO STATE.

04/11/2016 : 18:33:51 SP0348 Narrative: 2 GRN

04/11/2016 : 18:33:42 SP0411 Narrative: DICKS TOW ENRT FOR BOTH

04/11/2016 : 18:31:36 SP0348 Narrative: 2 VEHS MODERATE DMG, 204 CMD, PD OS

04/11/2016 : 18:31:30 SP0411 Narrative: TOW X2 HEAVY FE DAMAGE

04/11/2016 : 18:26:40 SP0338 Narrative: NO LONGER BLKING PULLED OVER SIDE OF 204

04/11/2016 : 18:25:48 SP0412 Narrative: Narrative added from associated Call #: 680 - RP NO LONGER AT SCENE, NFI

04/11/2016 : 18:25:44 SP0338 Narrative: CORR BLK DODGE RAM TK

04/11/2016 : 18:25:32 SP0338 Narrative: SIL PC VS BLK FORD TK

04/11/2016 : 18:25:20 SP0412 Narrative: Narrative added from associated Call #: 680 - CC, 2 VEHS/LIGHT POLE, UNK INJ

04/11/2016 : 18:25:10 SP0338 Narrative: UNK INJ, 2 CAR BLING



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-6848VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Johnson Eric . D</u>		RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>10-17-1974</u>	AGE <u>42</u>	HGT <u>5'9"</u>	WGT <u>250</u>	HAIR <u>R</u>	EYES <u>Blue</u>
STREET ADDRESS <u>17331 116 PL NE</u>				CITY <u>Arlington</u>		STATE <u>WA</u>		ZIP <u>98223</u>		
HOME PHONE <u>425-923-4481</u>		CELL PHONE <u>Same</u>			WORK PHONE <u>425-754-8043</u>					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Puget Sound Energy</u>					

STATEMENT:

The light was green as the Dodge Ram Pickup truck drove through the intersection at a high rate of speed. The Honda pulled into the intersection ~~and~~ making a left turn onto Market Pl. from Hwy 204 and struck the Dodge Pickup truck. The Pickup had the green light from my vantage point. The Dodge Ram truck was at least 50 mpti.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED: <u>4-11-2016</u>
OFFICER/NUMBER: <u>SKIRBY/132</u>	DATE SIGNED: <u>4/12/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1

STATEMENT ISRAEL, LEE MCCARR



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-6848VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Israel Lee McCarr</u>		RACE <u>C</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>11/20/1933</u>	AGE <u>33</u>	HGT <u>5'9"</u>	WGT <u>260</u>	HAIR <u>brn</u>	EYES <u>blue</u>
STREET ADDRESS <u>(425) 508-7738</u>				CITY		STATE		ZIP		
HOME PHONE <u>(425) 508-7738</u>		CELL PHONE <u>(425) 508-7738</u>		WORK PHONE <u>(425) 508-7738</u>						
EMAIL ADDRESS (OPTIONAL) <u>McCarril189@QO</u>				PLACE OF EMPLOYMENT <u>US Seafoods</u>						

STATEMENT:

Heading east on 204, went through green
and found (Hit) car turning through
intersection out of turn

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

4/11/16

OFFICER/NUMBER:

SKILROY 1132

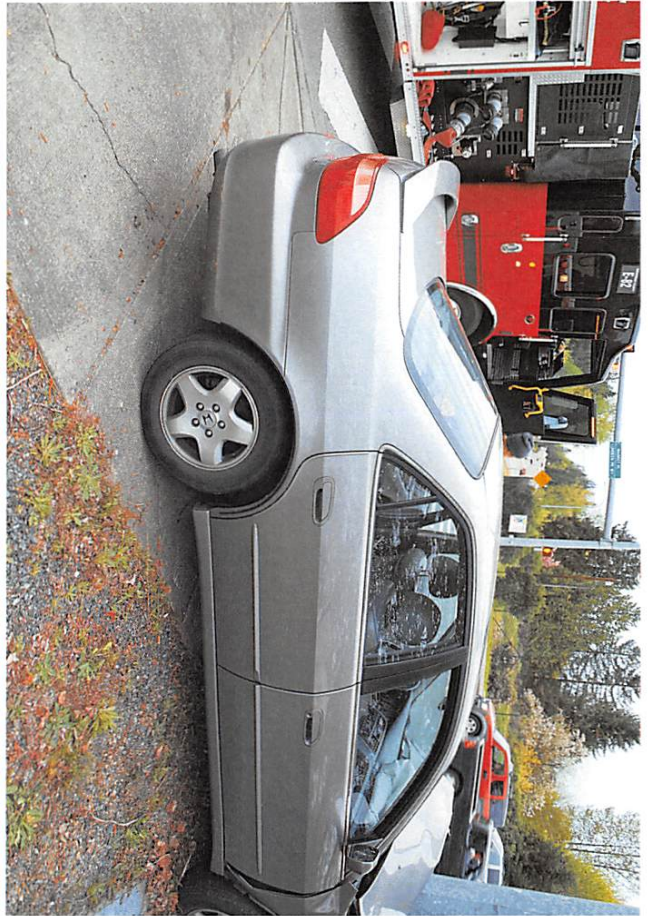
DATE SIGNED:

4/12/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"

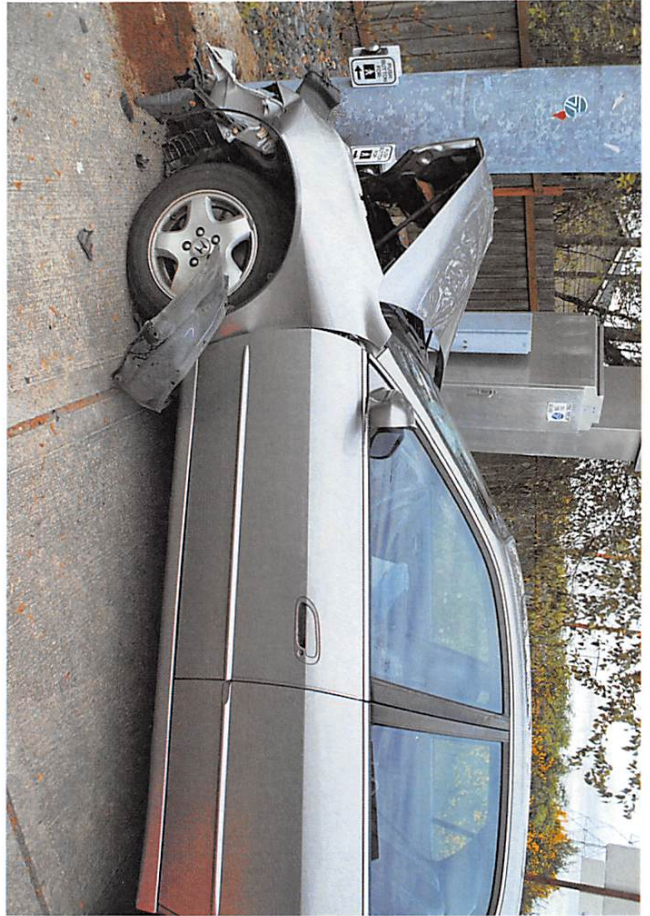


110-6848



16-6848

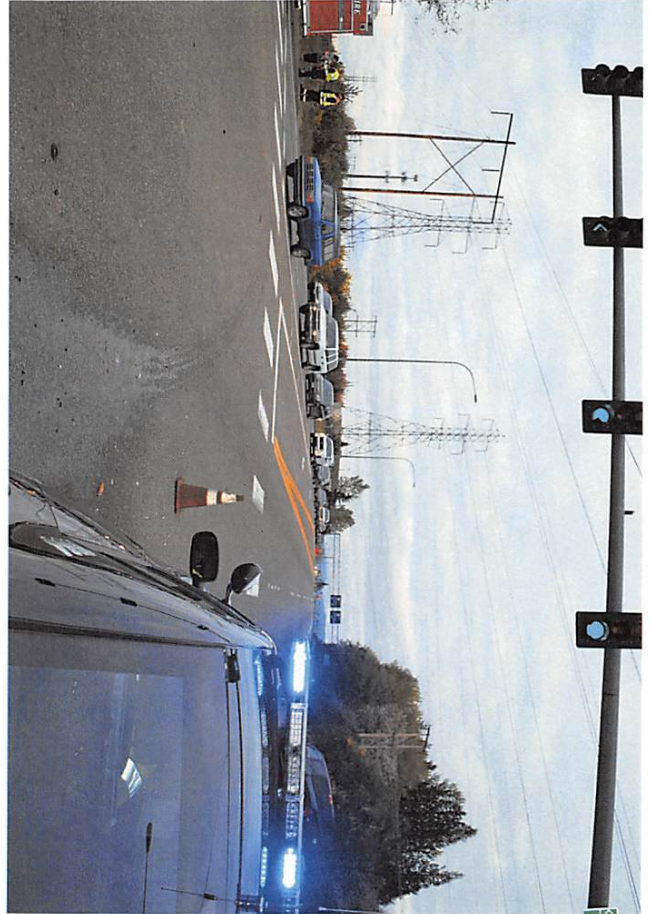




16-C0848



116-688218



16-6848



16-6848



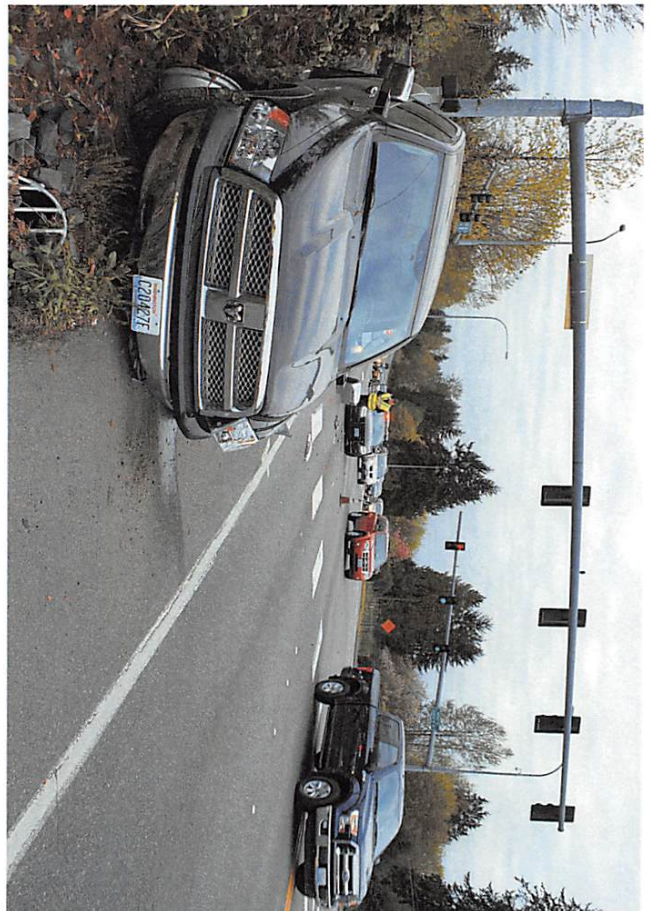
16-6848



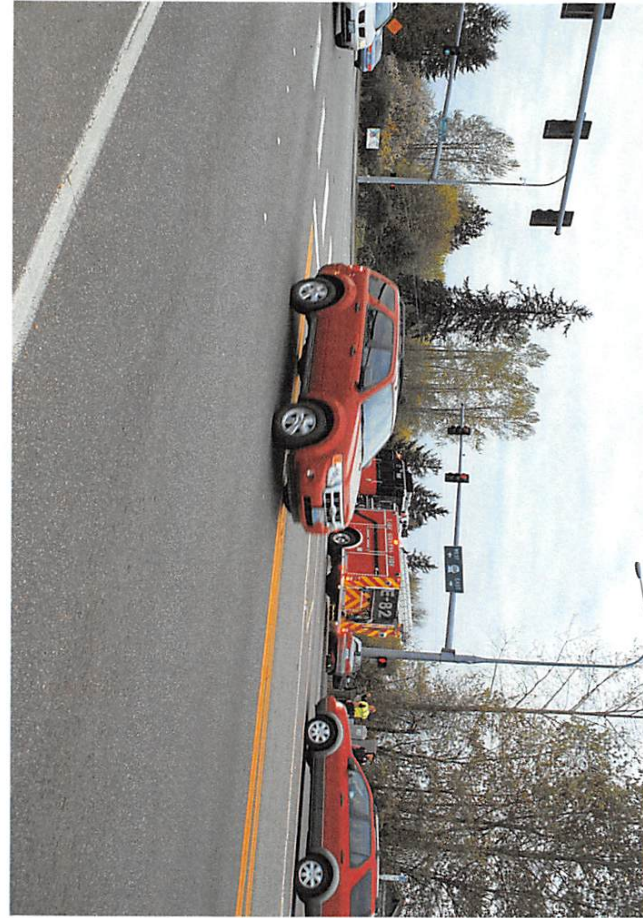
16-6848



16-0848



16-6848



16-6848

STATEMENT LOERA, GINA LUIS MIGUEL



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-6848VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Loera Gino Luis Miguel</u>	RACE <u>White</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>8/25/78</u>	AGE <u>17</u>	HGT <u>5'7</u>	WGT <u>150</u>	HAIR <u>Blond</u>	EYES <u>hazel</u>
STREET ADDRESS <u>1824 189th PL NE</u>			CITY <u>Marysville</u>		STATE <u>WA</u>		ZIP <u>98270</u>		
HOME PHONE <u>425 530 8483</u>		CELL PHONE <u>—</u>			WORK PHONE <u>—</u>				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT				

STATEMENT:

I was coming down the road of 204 to turn right on Lundeen PK way & looked left for cars & she turned left on ~~the~~ to market PL road & the dodge was going over 35 MPH & hit the hood into a 180, sent the ~~truck~~ Driver side of the truck in the air, & she got out of the intersection & into the pole. The truck was going about 50-55 MPH

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

09/11/2016

OFFICER/NUMBER:

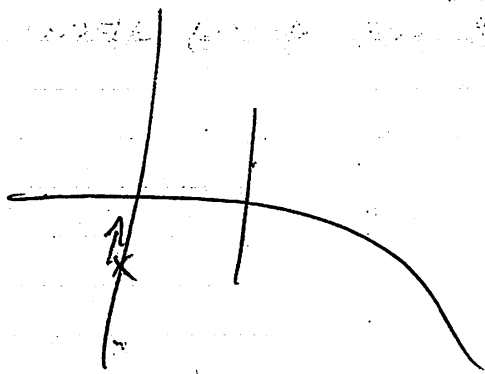
SKELTON / 132

DATE SIGNED:

4/12/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-6848VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Wisehart, Donald D</u>		RACE <u>Cauc.</u>	ETHNICITY <u>American</u>	SEX <u>M</u>	D.O.B. <u>1/10/61</u>	AGE <u>55</u>	HGT <u>5'8 1/2"</u>	WGT <u>185</u>	HAIR <u>Blond</u>	EYES <u>Blue</u>
STREET ADDRESS <u>10631 189th Ave NE</u>				CITY <u>Granite Falls</u>		STATE <u>WA</u>		ZIP <u>98252</u>		
HOME PHONE <u>360-691-2952</u>		CELL PHONE <u>360-348-0993</u>			WORK PHONE <u>425-388-3488 x4</u>					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Snohomish County Public Works</u>					

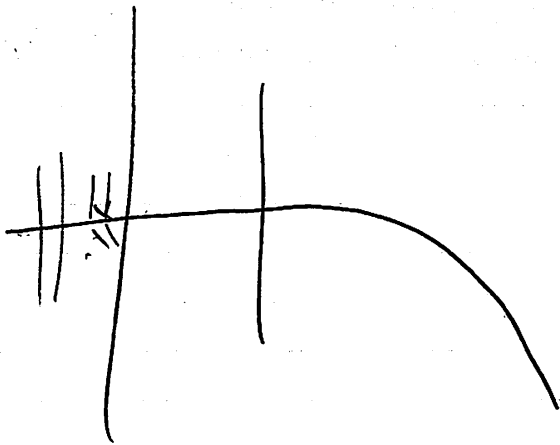
STATEMENT:

There were two collisions. The collision of the RAM Truck & Accord was the first. The second was when the Accord ~~put~~ driver put the car back into gear accelerated, crossed Hwy 204 and hit pole on NE corner. I was in left turn lane, getting ready to turn onto ~~big~~ Lundeen from Hwy 204 (coming from Everett). I heard a screech, looked up & saw the collision, but not who was at fault.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Donald D. Wisehart</u>	DATE SIGNED: <u>4/11/2016</u>
OFFICER/NUMBER: <u>SKILBOY / 132</u>	DATE SIGNED: <u>4/12/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



STATEMENT HAMMETT, BRITTANY FAYE



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-6848VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Hammett Brittany Faye</u>	RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>12-29-91</u>	AGE <u>24</u>	HGT <u>5'8</u>	WGT <u>185</u>	HAIR <u>Red</u>	EYES <u>Green</u>
STREET ADDRESS <u>6611 85th Ave SE</u>			CITY <u>Sheltonish</u>		STATE <u>WA</u>		ZIP <u>98290</u>		
HOME PHONE <u>360-568-6038</u>		CELL PHONE <u>425-615-0328</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Mobil 1 Lube Express</u>				

STATEMENT:

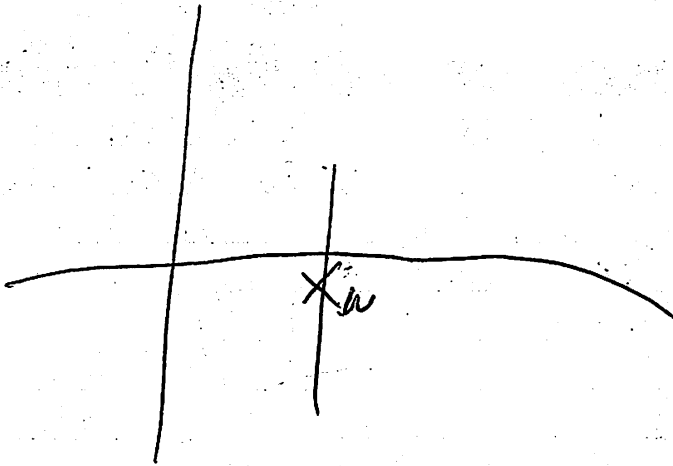
As I was waiting to turn left on to Lundeen Parkway from Vernon Rd when I witnessed a grey Honda Civic who was turning left on to 204 from Lundeen Pkwy. get struck by a back Dodge Ram 1500. The driver of the Dodge was clearly exceeding the speed limit of 35mph. The Driver of the Honda then proceeded to accel forward and hit the traffic light pole where she came to a complete stop.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: [Signature]DATE SIGNED:
4-11-16OFFICER/NUMBER: JK14201 / 132DATE SIGNED:
4/12/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1



16-00006848, 041216 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E535748**CASE # **2016-00006848**LOCAL AGENCY
CODINGTOTAL # OF
UNITS**03**OBJECT
STRUCK**TRAFFIC SIGNAL POLE**TRIBAL
RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	04	12	2016	1824	31						

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☒NON-INTERSECTION ☐**SR 204**BLOCK NO. ☒**9600**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

		MILES	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	MARKET PL
--	--	-------	---	------------------

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4258307447

LAST NAME

GUAY

FIRST NAME

MARYMIDDLE
INITIAL**C**STREET
NEW ADDRESS**11404 22ND ST SE UNIT A**

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**GUAY*MC593MU**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**07****31****1941**ON DUTY ☐

STATUS

AIRBAG

6

RESTR.

4

EJECT

1HELMET
USE**7**INJURY
CLASS**7**NATURE OF INJURIES
SORE LEG AND BACKLICENSE
PLATE #**DP15621**

STATE

WA

VIN#

1HGCG1652YA002311TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

HOND

MODEL

ACCOR

STYLE

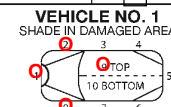
P4VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**STATE FARM 1859667-F28-47C**VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4255087738

LAST NAME

MCGARR

FIRST NAME

ISRAELMIDDLE
INITIAL**L**STREET
NEW ADDRESS**4726 87TH AVE NE**

CITY

MARYSVILLE

ST

WA

ZIP

98270

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**MCGARIL 189Q0**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**11****20****1982**ON DUTY ☐

STATUS

AIRBAG

3

RESTR.

4

EJECT

1HELMET
USE**0**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #**C20427F**

STATE

WA

VIN#

1C6RD7NT4CS338816TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

DODG

MODEL

RAM

STYLE

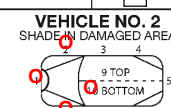
PKVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**ALLSTATE 920396669**VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E535748**CASE # **2016-00006848**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		JOHNSON ERIC D																
ADDRESS & PHONE # 17331 116TH PL NE ARLINGTON WA 98223 4259234481										SEX M	D.O.B. MMDDYYYY 10	-	17	-	1969			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		HAMMETT BRITTANY F																
ADDRESS & PHONE # 6611 85TH AVE SE SNOHOMISH WA 98290 4256150328										SEX F	D.O.B. MMDDYYYY 12	-	29	-	1991			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		WISEHART DONALD D																
ADDRESS & PHONE # 10631 189TH AVE NE GRANITE FALLS WA 98252 3603480993										SEX M	D.O.B. MMDDYYYY 01	-	10	-	1961			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling west on SR 204 taking a left turn at the intersection with Market Pl. Unit 2 was traveling east on SR 204 approaching the intersection with Market Pl. Unit 1 attempted to make a left turn and struck unit 2 as it was coming through the intersection. Witnesses say unit 2 had a green light. Witnesses say that unit 1 did a 180 degree turn and continued driving north until it hit the traffic signal light on the northeast corner of the intersection.

Both vehicles were towed from the scene. Driver of unit 1 was taken to the hospital with possible injuries to her right leg and her back.

Unit 1 was at fault due to disregard to the stoplight.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

04-12-16 10:51 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

4/20/2016 2:17:51 PM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	6:26 PM	TIME POLICE ARRIVED	6:27 PM
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E535748**CASE # **2016-00006848**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LOERA GINO L																
ADDRESS & PHONE # 6824 69TH PL NE MARYSVILLE WA 98270 4255308483										SEX M	D.O.B. MMDDYYYY 08	-	25	-	1998			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

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J. KILROY #0132**04-12-16 10:51 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

4/20/2016 2:17:51 PM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

6:26 PM

TIME POLICE ARRIVED

6:27 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E535748
CASE # 2016-00006848
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS
UNIT #

3

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐☒

DAMAGE THRESHOLD MET

PHONE

D: 3607057000

LAST NAME

DEPT OF TRANSPORTATION

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

310 MAPLE PARK AVENUE SE

CITY

OLYMPIA

ST

WA

ZIP

98504

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

U

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED

YES

NO

TOWED BY

GOVT. VEHICLE

YES

NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

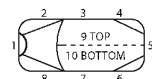
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


UNIT #

3

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐☒

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED

YES

NO

TOWED BY

GOVT. VEHICLE

YES

NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

04-12-16 10:51 PM

DATED:

PLACE SIGNED

BADGE OR ID #

#0132

ORI #

WA0311900

APPROVED BY

BROOKS

DATE

4/20/2016

PAGE

4

OF

5

REPORT NO. E535748

CASE # 2016-00006848

DATE AND TIME
OF COLLISION 04/12/16 18:24

